

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)**

## WADDE

SERIAL NO.	091657446	FILING DATE
APPLICANT(S)	4	

**APPLICANT(S)**

**FILING DATE**

## WADDE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL DEP.						

IND.	DEP.	IND.	DEP.	IND.	DEP.
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100					
TOTAL IND.	2				
TOTAL DEP.	9				
TOTAL CLAIMS					